

**STATE OF ARIZONA BENEFIT OPTIONS  
RETIREE/LTD ENROLLMENT FORM 2009  
OPEN ENROLLMENT OCT 1ST THRU OCT 31ST****MUST BE POSTMARKED BY OCTOBER 31, 2008 FOR COVERAGE TO BEGIN JANUARY 1, 2009**☐ NEW RETIREE ☐ NEW LTD PARTICIPANT ☐ ADDRESS CHANGE  
☐ QUALIFIED LIFE EVENT ☐ TERMINATE INSURANCE ☐ OPEN ENROLLMENT☐ RETIRED ☐ DISABLED  
☐ SURVIVING SPOUSE**Retirement System**  
☐ ASRS (ZA) ☐ PSPRS, CORP, EORP (ZP) ☐ OPTIONAL (ZT)**EFFECTIVE DATE:****DECEASED MEMBERS NAME:****DECEASED DATE:****MEMBER IDENTIFICATION**

LAST NAME, FIRST NAME, M.I.

EMPLOYEE EIN or SSN

☐ MALE ☐ FEMALE

STREET ADDRESS

COUNTY OF RESIDENCE

DATE OF BIRTH

CITY, STATE, ZIP CODE

WORK PHONE NUMBER  
( )HOME PHONE NUMBER  
( )**Are you enrolling a Domestic Partner?****Yes or No****Are you enrolling an Older Child(ren) that is neither a full-time student nor a disabled dependent?  
(circle one)****Yes or No**

To qualify a Domestic Partner, you will need to complete and submit the DOMESTIC PARTNER AFFIDAVIT FORM (this form must be notarized). This form can be found on the benefit options website at [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov). To qualify as an Older Child (ages 19 to 25 and neither a full-time student nor a disabled dependent), the Older Child must have been covered on an ADOA plan at the age of 18 years old (see the Open Enrollment Guide for qualifications of an Older Child).

**DEPENDENTS MUST BE LISTED FOR FAMILY COVERAGE**

LAST NAME, FIRST NAME, MIDDLE INITIAL	DATE OF BIRTH (Required)	RELATIONSHIP CODE S=Spouse D=Domestic Partner C=Child G=Guardian P=Placed for adoption T=Stepchild	MEDICARE A=Medicare A B=Medicare B C=Medicare A & B D=Medicare Unknown E=No Medicare	SOCIAL SECURITY NUMBER (Required)	MALE OR FEMALE M OR F	PACIFICARE/DENTIST PCP ID REQUIRED	FULL TIME STUDENT Y OR N	DISABLED Y OR N	ADD OR DELETE A OR D
MEMBER:									
SPOUSE OR DOMESTIC PARTNER:									

# STATE OF ARIZONA BENEFIT OPTIONS

## RETIREE/LTD ENROLLMENT FORM 2009

**VISION PLAN SELECTION - CAN ONLY RENEW IF YOU ARE CURRENTLY ON THE VISION PLAN**  
 ONLY AVAILABLE IF MEDICAL AND/OR DENTAL COVERAGE IS SELECTED

☐ I DECLINE VISION COVERAGE

Select A Plan	Retiree Only	Retiree & Dependent(s)
Avesis	<input type="checkbox"/> \$8.96	<input type="checkbox"/> \$18.82

### DENTAL PLAN SELECTION

☐ I DECLINE DENTAL COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
Delta Dental	<input type="checkbox"/> \$32.98	<input type="checkbox"/> \$74.01	<input type="checkbox"/> \$125.29
Total Dental Administrators	<input type="checkbox"/> \$9.96	<input type="checkbox"/> \$18.92	<input type="checkbox"/> \$27.70

### MEMBER WITHOUT MEDICARE

#### MEDICAL COVERAGE - MARK APPROPRIATE BOX

☐ I DECLINE MEDICAL COVERAGE

Select A Plan	Retiree Only	Retiree + One	Retiree & Family
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#### MARICOPA, GILA, PINAL, PIMA, SANTA CRUZ COUNTIES

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$488.00	<input type="checkbox"/> \$1141.00	<input type="checkbox"/> \$1537.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$488.00	<input type="checkbox"/> \$1141.00	<input type="checkbox"/> \$1537.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1825.00	<input type="checkbox"/> \$2529.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1825.00	<input type="checkbox"/> \$2529.00

#### ALL OTHER COUNTIES

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$488.00	<input type="checkbox"/> \$1141.00	<input type="checkbox"/> \$1537.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1825.00	<input type="checkbox"/> \$2529.00

#### OUT OF STATE

Beech Street PPO	<input type="checkbox"/> \$832.00	<input type="checkbox"/> \$1957.00	<input type="checkbox"/> \$2649.00
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#### NAU Only - Available in ALL Regions

Blue Cross/Blue Shield of AZ PPO	<input type="checkbox"/> \$570.12	<input type="checkbox"/> \$1140.24	<input type="checkbox"/> \$1596.34
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### \*\*\* BENEFIT SERVICES DIVISION USE ONLY \*\*\*

PLAN NAME: \_\_\_\_\_

PLAN OPTION CODE: \_\_\_\_\_

**STATE OF ARIZONA BENEFIT OPTIONS  
RETIREE/LTD ENROLLMENT FORM 2009****MEMBER WITH MEDICARE A and/or B**☐ I HAVE MEDICARE PART A☐ I HAVE MEDICARE PART B - ATTACH COPY OF  
MEDICARE CARD☐ I DECLINE MEDICAL COVERAGE**Monthly Premium  
Amounts**Retiree Only with  
MedicareRetiree + ONE  
both with  
MedicareRetiree + ONE:  
One with  
Medicare, the  
other withoutRetiree + ONE  
with Medicare;  
other Dependents  
without**MARICOPA and PINAL COUNTY**

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
Secure Horizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00

**GILA COUNTY**

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00

**COCHISE, COCONINO, GRAHAM, GREENLEE, LA PAZ, YAVAPAI, YUMA**

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$866.00	<input type="checkbox"/> \$1033.00
Secure Horizons Low	<input type="checkbox"/> \$223.00	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$676.00

**APACHE, MOHAVE, NAVAJO**

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00

**PIMA COUNTY**

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$258.00	<input type="checkbox"/> \$512.00	<input type="checkbox"/> \$738.00	<input type="checkbox"/> \$863.00
Secure Horizons Low	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$296.00	<input type="checkbox"/> \$573.00	<input type="checkbox"/> \$605.00

**SANTA CRUZ COUNTY**

RAN+AMN (HMA) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
UnitedHealthcare (UHC) EPO	<input type="checkbox"/> \$364.00	<input type="checkbox"/> \$723.00	<input type="checkbox"/> \$843.00	<input type="checkbox"/> \$959.00
Arizona Foundation (AZF) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
UnitedHealthcare (UHC) PPO	<input type="checkbox"/> \$649.00	<input type="checkbox"/> \$1296.00	<input type="checkbox"/> \$1431.00	<input type="checkbox"/> \$1629.00
Secure Horizons High	<input type="checkbox"/> \$386.00	<input type="checkbox"/> \$767.00	<input type="checkbox"/> \$866.00	<input type="checkbox"/> \$1033.00
Secure Horizons Low	<input type="checkbox"/> \$223.00	<input type="checkbox"/> \$442.00	<input type="checkbox"/> \$646.00	<input type="checkbox"/> \$676.00

**OUT-OF-STATE**

Beech Street PPO	<input type="checkbox"/> \$658.00	<input type="checkbox"/> \$1312.00	<input type="checkbox"/> \$1483.00	<input type="checkbox"/> \$1716.00
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**NAU Only - Available in ALL Regions**

Blue Cross/Blue Shield PPO	<input type="checkbox"/> \$510.55	<input type="checkbox"/> \$1021.36	<input type="checkbox"/> \$1080.93	<input type="checkbox"/> \$1379.41
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**\*\*\* BENEFIT SERVICES DIVISION USE ONLY \*\*\***

PLAN NAME: \_\_\_\_\_

PLAN OPTION CODE: \_\_\_\_\_

I hereby certify that under penalty of perjury that the information provided in this application for health benefits is correct and true. I am aware that providing false information may subject me to a denial of health benefits, including false address, spouse, or dependent information, may subject me to disciplinary action, and potential prosecution pursuant to ARS Section 13-2310, 13-2311, 13-2407, 13-2702, and other applicable provisions of the law.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return form to: ADOA Benefit Office, 100 N. 15th Ave., Suite 103, Phoenix, AZ 85007**